

**INDEPENDENT OVERSIGHT
ACTION ITEMS**



COMMITTEE MEETING NOTES &

IOC Name: ___ DHS ASH IOC _____ **Meeting Date:** __02/18/2021
Meeting Location: _Conf Call (remote)_ **Meeting Time:** ___18:03-19:00pm___

Members Present: Laurie Goldstein, Larry Allen, Ashley Oddo, Kim Scherek, Melissa Farling, Dee Putty, Leon Canty

Members Absent: Natalie Trainor, Alyce Klein

Other Attendees: Timothy Briebiesco, Isaac Contreras, Kareem, Jack Potts, anonymous,

Agenda Items (Enter the related topic from the IOC's agenda)	General Description of Matters Discussed & Motions Made (Enter the related topic from the IOC's agenda)	Action Item/Assigned To/Due Date (Indicate the specific follow-up task/s or actions that need to be completed; include the name of the member assigned to the item, next steps to be taken, and the anticipated due date)
Welcome - disclosure of conflict of interest	Disclosure of Conflict of Interest Special meeting regarding new Bills. Minutes to be taken at a later date via a recording by Natalie	Dee disclosed known conflict.
ASH Response	Resolution Group discussion continues, ASH declines suggestion of IOC, ASH restates the same answer, that they will not provide the PSRB with resolution group clarification. IOC asked about family/team support. IOC would like more discussion/questions from the patient in the meeting, more collaboration, etc. ASH stated they allow the time needed, and they re-schedule or lengthen meetings when necessary.	

	<p>Note: patients should ask questions, can participate, encourage the family to speak up as well.</p> <p>Questions re: Drawings, descriptions, and specifications for seclusion room. ASH replied that they do follow guidelines and requirements. ASH denied sharing specific information about the space.</p> <p>Questions re: video and team viewing the video on the ASH campus. IOC asked that Ashley not attend video viewing since it's on the forensic side. The team would still like to clarify who was the staff and who was patient.</p> <p>Questions re: risk assessment and how they are conducted. ASH described the risk assessment, including third-party assessor; the report prepared, team discussion of the report. The patient and hospital can both view reports. ASH denied an educational session. IOC found a local psychologist to educate about risk assessments to attend the next meeting. The public may participate in educational sessions. Jack Potts stated that he felt the ASH response was less than adequate. It is a concern. Jack would like to have a redacted risk assessment ahead of time. Jack will provide one if the hospital will not.</p> <p>Question re: hospital visits and what constitutes a hospital visit. IOC described the specific event and stated they did not include the info in the report though they did follow through. An outside agency conducts all X-rays.</p> <p>ASH asked for grievances regarding the case to be reviewed. IOC would like to see the incidents still.</p> <p>IOC recommended that staff prompt patients about outside time. ASH accepted recommendation. Resolution is appreciated.</p>	<p>IOC would like copies of incident reports related to the current file review.</p> <p>Motion, Laurie Second, Ashley Roll Call, unanimous</p>
<p>Review and approve meeting minutes</p>		<p>Motion, Barb Second, Melissa Roll Call, unanimous</p>

ADOA update	All annual reports have been submitted, will be published soon. Larry to share links for members to view reports.	
Restraint and seclusion review	<p>IOC reviewed minutes and patients on the report.</p> <p>ASH-2021-0023: patient trying to eat wood off of bedroom door. Does the door need repair? Replacement? Three plus more instances of ingesting wood pieces from the same spot documented.</p> <p>ASH-2021-0013: Repeated incidents. Has this patient been transferred recently?</p> <p>ASH-2021- 0082: Patient grabbed and drank cleaning fluid. Poison control notified—patient seen by medical. The patient refused vitals and showed no reactions. The patient later vomited, and staff could smell the solution.</p> <p>ASH-2021-0108: Patient entered laundry area, would not leave, the patient took liquid soap despite redirections and staff barriers, staff called a code, the patient continued to take more. The report noted that staff was left alone. IOC discussed safety and training procedures.</p> <p>We discussed that there are different categories for restraints, holds, and seclusion. It seemed that some of the mechanical restraint numbers were excessive. Why not consider a sedative instead of extremely long periods in mechanical restraints- Dr. Potts</p>	<p>IOC wants to know why the door is not repaired.</p> <p>Motion, Laurie Second, Dee Roll Call, unanimous</p> <p>Has this patient been transferred lately?</p> <p>Motion, Laurie Second, Ashley Roll Call, unanimous</p> <p>IOC would like to recommend that ASH reinforce safety procedures.</p> <p>Motion, Laurie Second, Dee Roll Call, unanimous</p> <p>Would IOC like ASH to describe physical vs. mechanical holds?</p> <p>Motion, Laurie Second, Dee Roll Call, unanimous</p>
Patient Visit	<p>The patient has an advocate and attorney to help advocate. The patient needed more support on how to utilize supports. Patients should ask Jackie if they want more information on rules regarding supports.</p> <p>Another patient said there had been no passes for over a year. Said that passes should start again, but there may be issues with how many people need visits or outings, and staff may be</p>	<p>IOC wants to know- when will outings start again? When will they open up programming? How can</p>

	<p>behind or hold up progress. The patient would like more catalogs for ordering, would like other places to order from.</p>	<p>patients move forward with progressions?</p> <p>Motion, Ashley Second, Dee Roll Call, unanimous</p> <p>IOC wants to know when programming will open?</p> <p>Motion, Laurie Second, Dee Roll Call, unanimous</p> <p>IOC would like a list of more acceptable items for patients to order or another catalog- patients need more choices.</p> <p>Motion, Barb Second, Dee Roll Call, unanimous</p>
<p>ASH Bills</p>	<p>Ashley suggested that the bill clarify that the new, improved audio video surveillance will not be used in a patient or family visitation.</p>	
<p>Advisors</p>	<p>Members from other IOCs can attend to provide information but may not vote. Dr. Potts offered to be an advising member.</p> <p>Dr. Potts discussed different types of restraints and the pros/cons of each.</p> <p>Dr. Potts suggested that all his team members to be a consultant on other committee meetings to offer consulting, education, and the ability to meet quorum.</p>	<p>IOC proposes to add Dr. Potts and other IOC members as advisors to ASH IOC.</p> <p>Motion, Laurie Second, Dee Roll Call, unanimous</p>
<p>Public Comment (3-minute limit per person)/Call to the Public</p>	<p>Isaac C.-uploaded videos Arizona state hospital play list. The videos show the dimensions of the room. The video shows the room, how small it is, and he has nothing to do. In the room, there are no windows, and there is no sunlight. He has been in administrative separation for eight months. He says that them asking him to go outside is once in a while. No codes were called</p>	

on him except a medical code due to a hunger strike. He says staff claimed he is still a threat to two staff and that he was banging on the window. He filed a grievance, and they said they reviewed the videos and could not substantiate them. He does not want to stay in seclusion for another 1yr and a half. He wants help, not punishment. If punishment was the goal, send me to prison. Isaac requests a meeting.

Anonymous- IDTP people prepare for the meeting. They do not allow for more than 15 minutes. His mother used to drive from Colorado 8 hours for the meeting and not be permitted to ask questions. They would use a phone with a timer. I asked the same questions for two years and never answered. I would say not enough time. When he would get aggravated, they would stop the meeting.

Threatened, go to your room or else. You can't go into isolation since a civil patient occupies the seclusion room. They keep bringing more civil patients over to the forensic side; it brings violent civil patients over from the civil side to the forensic for violence. It does not help the forensic side. Retaliation from staff, when friends stick up for him, they move to another unit. Then another friend stuck up for him, and they moved him as well. They have also told another peer that if he talks to him or hangs out with him, they will not move him also. He feels that is retaliation. Anonymous wants a visit.

Anonymous- it has been a full year since covid has been with us, People have levels, and all outings and passes are on hold. Still, no plan for progression; watching the news is likely with us; what is the plan for people who want to progress. Ten or more people with level one, what is the plan for progression. In prison, they were letting people out; maybe the hospital could look at a move nonviolent low-risk patients to approved others or outside to continue treatment if deemed not dangerous and the public is safe. They do have Internet, and if they want to visit the site, they have to follow the after request approval for that site. Why can't

	<p>they do that with MP3 players come up with an approved list? Right now, there are no options. They do not want violent civil patients on the forensic side; bringing violent civil patients to the civil side interferes with the forensic patients' optimal care and is not fair. Bringing civil patients to the forensic side brings down the quality of care.</p> <p>Bobby Blanchett- PSRB is still granting levels; now there is a backlog for a specified number of months in which time you were supposed to go to a specified number of outings in that time (e.g., 12 outings in six months). The hospital claims that your time does not begin until you go on your first outing, which essentially freezes your progression since there have been no outings in a year. Everyone's progress is being impacted; progression is being prevented. Being held longer even against the order of the PSRB since then, it is up to treatment; the hospital is restricting their freedom and progress in for conditional release. It has impacted the entire committee; we have BB agreement to use his risk assessments for an educational session. It is a struggle to bring light to the issues at ASH.</p> <p>Patient care- is supposed to be helping the patients-seems to be a punishment for the patients. It does not appear to be therapeutic. He got a cell phone from a staff, which shows that even the staff believes treatment is not right. He has two videos on Youtube. Arizona state hospital two Legal and audio videos. In seclusion without Dr. sign-off, not right.</p>	
Adjournment		Motion, Dee Second, Ashley Roll Call, unanimous